



CDP Research Update -- January 7, 2016

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http://armymedicine.mil/Documents/Health_of_the_Force_Report_Nov_2015.pdf

Health of the Force

U.S. Army Medical Command

November 2015

From U.S. Army Public Affairs, Office of the Surgeon General, Army Medical Command:

The Office of the Army Surgeon General has released the inaugural Health of the Force (HOF) report which provides a snapshot of the health of active duty Soldiers on U.S. based installations in 2014.

...

The report summarizes and provides leaders a transparent view of population-level information that serves as the foundation for personal readiness. Specifically, key Performance Triad measures of sleep, activity, nutrition, and Leading Health Indicators that the U.S. Department of Health and Human Services tracks across the United States were collected. This first effort is in its infancy and looked at injuries, behavioral health, chronic disease, obesity, tobacco, sleep disorders, hospital admissions, and other health measures across 30 Army installations. The result was the creation of an overall Installation Health Index.

A major intention is to provide the Army a better understanding in the variation in metrics and health practices across installations. Ultimately, leaders must have the knowledge and resources to influence cultural change that best facilitates personal readiness and environments where the healthy choice is the easy choice.

"The 'Health of the Force Report' is the Army's first attempt to review, prioritize, and share best health practices at the installation level.

<http://www.med.navy.mil/sites/nmcsc/nccosc/publications/research-quarterly/2015/fall/print/index.aspx>

Combat & Operational Stress Research Quarterly -- Fall 2015

Naval Center Combat & Operational Stress Control (NCCOSC)

The Combat & Operational Stress Research Quarterly is a compilation of recent studies on combat and operational stress, including relevant findings on the etiology, course and treatment of posttraumatic stress disorder (PTSD). The Research Quarterly facilitates translational research by providing busy clinicians with up-to-date findings, with the potential to guide and inform evidence-based treatment.

http://www.ptsd.va.gov/professional/newsletters/ctu-online/ctu_v9n5.pdf

Clinician's Trauma Update Online

Issue 9(5)

National Center for PTSD

CTU-Online includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications.

<http://www.med.navy.mil/sites/nmcsc/nccosc/serviceMembersV2/mindlines/Documents/mindlines-2015-fall.pdf>

MINDLINES -- Women in the Military: Common Stressors and Coping Strategies

Naval Center Combat & Operational Stress Control (NCCOSC)

Fall 2015

Over the past few years, women in the military have made significant strides in career accomplishments. We see more and more women achieve what their male counterparts have done for years. In August of 2015, two female Army officers made history when they successfully passed Army Ranger School, known as one of the most physically challenging schools in the military. In a post-9/11 era, women have proven to be not only effective on the battlefield, but essential. As more active duty females become eligible for combat duty, they are also experiencing the effects of combat and operational stress.

<http://www.sciencedirect.com/science/article/pii/S0272735815001579>

A systematic literature review of PTSD's latent structure in the diagnostic and statistical manual of mental disorders: DSM-IV to DSM-5.

Cherie Armour, Jana Müllerová, Jon D. Elhai

Clinical Psychology Review

Available online 18 December 2015

doi:10.1016/j.cpr.2015.12.003

The factor structure of Posttraumatic stress disorder (PTSD) has been widely researched, but consensus regarding the exact number and nature of factors is yet to be reached. The aim of the current study was to systematically review the extant literature on PTSD's latent structure in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in order to identify the best-fitting model. One hundred and twelve research papers published after 1994 using confirmatory factor analysis and DSM-based measures of PTSD were included in the review. In the DSM-IV literature, four-factor models received substantial support, but the five-factor Dysphoric arousal model demonstrated the best fit, regardless of gender, measurement instrument or trauma type. The recently proposed DSM-5 PTSD model was found to be a good representation of PTSD's

latent structure, but studies analysing the six- and seven-factor models suggest that the DSM-5 PTSD factor structure may need further alterations.

<http://www.sciencedirect.com/science/article/pii/S1087079215001471>

Suicide and sleep: Is it a bad thing to be awake when reason sleeps?

Michael L. Perlis, Michael A. Grandner, Subhajit Chakravorty, Rebecca A. Bernert, Gregory K. Brown, Michael E. Thase

Sleep Medicine Reviews

Volume 29, October 2016, Pages 101–107

doi:10.1016/j.smr.2015.10.003

Suicide is the second leading cause of death, worldwide, for those between the ages of 24 and 44 y old. In 2013, more than 41,000 suicides occurred in the United States. These statistics underscore the need to 1) understand why people die by suicide and 2) identify risk factors that are potentially modifiable. While it has been posited that sleep disturbance may represent one such factor, systematic research in this arena did not begin until the 2000s. Since that time, sleep disturbance has been reliably identified as a risk factor for suicidal ideation, suicide attempts, and suicide. While insomnia, nightmares, and other sleep disorders have each been found to contribute to the risk for suicidal ideation and behavior, it is also possible that these factors share some common variance. One possibility is that sleep disturbance results in being awake at night, and being awake at night also confers risk. The hypothesis proffered here is that being awake when one is not biologically prepared to be so results in “hypofrontality” and diminished executive function, and that this represents a common pathway to suicidal ideation and behavior. Such a proposition is highly testable under a variety of possible protocols. The current review summarizes the extant literature on suicide rates by time-of-day, and discusses circadian, psychosocial, and neurocognitive explanations of risk. Such a focus promises to enhance our understanding of how sleep disturbance may confer risk, allows for the identification of future lines of research, and further justifies the need for interventions that promote good sleep continuity among at-risk individuals.

<http://www.tandfonline.com/doi/full/10.1080/21635781.2015.1119771>

A Qualitative Investigation That Applies an Ecological Strengths-Based Perspective to Veterans' Experience of Reintegration Into Civilian Life.

Derrick Kranke , June Gin , Rebecca Saia , Kevin Heslin , Aram Dobalian

Military Behavioral Health

Published online: 18 Nov 2015

DOI:10.1080/21635781.2015.1119771

Reintegration to civilian life continues to be challenging for many veterans despite numerous programs that were developed to assist with this process. Emerging literature suggests veteran engagement in volunteer organizations promotes their reintegration. Our exploratory study applies an ecological strengths-based framework to enhance our knowledge of veteran volunteerism and reintegration in the context of a disaster relief organization: Team Rubicon. Findings suggest ecological factors, such as re-creating a familiar culture of camaraderie among veterans and building upon individual strengths that allow veterans to apply their specialized skills, helped instill feelings of connectedness and contribution to their respective civilian communities.

https://www.researchgate.net/publication/284344815_Risk-taking_and_Learning_in_a_Military_Context_Insights_from_Soldiers%27_Experiences_of_Hand-to-Hand_Combat

Risk-Taking and Learning in a Military Context: Insights from Soldiers' Experiences of Hand-to-Hand Combat.

Peter R. Jensen

Conference: Inter-University Seminar on Armed Forces and Society, At Chicago, IL

Available: Nov 22, 2015

Many athletes view risk and risk-taking behavior as a meaningful element to their sport experience, especially in those pursuits that contain the potential for serious injury or death (Breivik, 2007). Considering the inherently dangerous nature of military combat operations, what role might soldiers' perceptions of risk further understanding of learning within a military context? Research (Jensen & Wrisberg, 2014; Jensen & Simpson, 2014) employing phenomenological interviews with soldiers about their experience of hand-to-hand combat found themes that suggest a perception of life-threatening risk, most notably during encounters viewed as containing unexpected elements. Extending beyond the domain of physical risk, soldier's reported experiences that contribute to the growing body of research that suggest negative psychological and behavioral impacts on soldiers who take a life during combat. Implications for training of military personnel for combat operations are discussed.

<http://www.sciencedirect.com/science/article/pii/S0001457515301366>

Sleep and performance in simulated Navy watch schedules.

Elena Skorniyakov, Nita L. Shattuck, Michael A. Winser, Panagiotis Matsangas, Amy R. Sparrow, Matthew E. Layton, Rylie J. Gabehart, Hans P.A. Van Dongen

Accident Analysis & Prevention

Available online 12 December 2015

doi:10.1016/j.aap.2015.11.021

To operate Navy ships 24 h per day, watchstanding is needed around the clock, with watch periods reflecting a variety of rotating or fixed shift schedules. The 5/15 watch schedule cycles through watch periods with 5 h on, 15 h off watch, such that watches occur 4 h earlier on the clock each day – that is, the watches rotate backward. The timing of sleep varies over 4-day cycles, and sleep is split on some days to accommodate nighttime watchstanding. The 3/9 watch schedule cycles through watch periods with 3 h on, 9 h off watch, allowing for consistent sleep timing over days. In some sections of the 3/9 watch schedule, sleep may need to be split to accommodate nighttime watchstanding. In both the 5/15 and 3/9 watch schedules, four watch sections alternate to cover the 24 h of the day. Here we compared sleep duration, psychomotor vigilance and subjective sleepiness in simulated sections of the 5/15 and 3/9 watch schedules. Fifteen healthy male subjects spent 6 consecutive days (5 nights) in the laboratory. Sleep opportunities were restricted to an average of 6.5 h daily. Actigraphically estimated sleep duration was 5.6 h per watch day on average, with no significant difference between watch sections. Sleep duration was not reduced when sleep opportunities were split. Psychomotor vigilance degraded over watch days, and tended to be more variable in the 5/15 than in the 3/9 watch sections. These laboratory-based findings suggest that Navy watch schedules are associated with cumulative sleep loss and a build-up of fatigue across days. The fixed watch periods of the 3/9 watch schedule appear to yield more stable performance than the backward rotating watch periods of the 5/15 watch schedule. Optimal performance may require longer and more consistent daily opportunities for sleep than are typically obtained in Navy operations.

<http://www.sciencedirect.com/science/article/pii/S2212144715300235>

Practice-based Evidence for Outpatient, Acceptance & Commitment Therapy for Veterans with Chronic, Non-cancer Pain.

David Cosio

Journal of Contextual Behavioral Science

Available online 12 December 2015

doi:10.1016/j.jcbs.2015.12.002

Past research has shown that Acceptance & Commitment Therapy (ACT) compares favorably with Cognitive-Behavioral Therapy (CBT) in the treatment of chronic pain among different populations. However, practice-based evidence comparing ACT and CBT to treat chronic, non-cancer pain solely among a Veteran population is lacking. The current pilot study used a quasi-experimental, single-site, pre-/post-test design. A sample of 96 Veterans participated in the study at a Midwestern Department of Veterans Affairs Medical Center between November 3, 2009-November 4, 2010. Veterans self-selected to participate in either a manualized ACT or CBT for chronic pain group. All participants completed a standard pre- and post-intervention assessment battery. A 2x2 RM MANOVA did not find a significant interaction effect nor a significant main effect for type of intervention. The ACT intervention was not significantly different from the CBT intervention on the standard outcome measures. Findings did suggest that both groups decreased illness-focused coping strategies, catastrophizing behaviors, and global distress levels over time. Further research is needed to help identify a tailoring variable that can provide guidance in developing adaptive and/or sequential treatment strategies.

<http://www.jaapl.org/content/43/4/499.short>

Mild Traumatic Brain Injury Update: Forensic Neuropsychiatric Implications.

Hal S. Wortzel, MD and Robert P. Granacher Jr, MD, MBA

Journal of the American Academy of Psychiatry and the Law
December 1, 2015 vol. 43 no. 4 499-505

Traumatic brain injury (TBI) involves a wide range of potential neuropsychiatric outcomes, from death or profound impairment to full and fast recovery. This circumstance has contributed to an atmosphere with considerable potential for both clinical confusion and unjustified medicolegal outcomes. Given that mild (m)TBI accounts for most (~80%) TBI events and is generally associated with an excellent prognosis, the risk for erroneous clinical formulations and unmerited legal outcomes seems particularly high in cases involving mTBI. In this article, we summarize the recent results published by the International Collaboration on Mild Traumatic Brain Injury Prognosis (ICMTBIP) and the new approach of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, to TBI, and we explore the clinical and medicolegal implications. Symptoms that emerge after mTBI remain nonspecific, and potential etiologies are diverse. Clinicians and medicolegal experts should be familiar with the natural history of mTBI, able to recognize atypical outcomes, and willing to search for alternative explanations when confronted with persistent or severe impairment.

http://www.rand.org/pubs/technical_reports/TR1159.html

A New Look at Gender and Minority Differences in Officer Career Progression in the Military

Beth J. Asch, Trey Miller, Alessandro Malchiodi

RAND Corporation, 2015

Although military accessions of women and minorities have increased over time, the proportions of these groups in the senior officer corps remain relatively low. RAND research conducted in the late 1990s found that, on net, white and Hispanic women entering the officer ranks were less likely to achieve the field grade level (O4) than were white men, while black women had the same likelihood of achieving O4 as white men, and black men had a greater likelihood. This volume updates the earlier RAND study by tracking the promotion and retention of personnel who entered the officer ranks between 1971 and 2002 through the rank of O6, using data from January 1988 through September 2010. The newer data enables the researchers to investigate differences later in the career and to consider differences for Hispanic officers and other minorities. The authors discuss their findings in relation to those of the earlier study.

This updated study also examines the career progression of women serving in military occupations that are partially closed to them — that is, occupations that are deemed open to women but that have some positions for which assignment of women is restricted. The authors find no statistically significant difference between the career progression of women in partially closed versus open occupations, relative to the differences among men serving in the same occupations.

<http://www.ncbi.nlm.nih.gov/pubmed/26683790>

Alcohol Clin Exp Res. 2015 Dec 19. doi: 10.1111/acer.12926. [Epub ahead of print]

Prazosin for Veterans with Posttraumatic Stress Disorder and Comorbid Alcohol Dependence: A Clinical Trial.

Petrakis IL, Desai N, Gueorguieva R, Arias A, O'Brien E, Jane JS, Sevarino K, Southwick S, Ralevski E

BACKGROUND:

Posttraumatic stress disorder (PTSD) is an important and timely clinical issue particularly for combat veterans. Few pharmacologic options are available to treat PTSD, particularly among military personnel, and they are not based on rational neurobiology. The evidence for noradrenergic dysregulation in PTSD is strong, and the alpha-adrenergic agonist prazosin is

one of the most promising medications to treat sleep disturbances associated with PTSD as well as PTSD symptoms among both veterans and civilians. Evidence also implicates noradrenergic dysregulation in the pathophysiology of alcohol dependence (AD); prazosin also may have efficacy in treating this disorder. The use of prazosin represents a rational and compelling approach for the treatment of PTSD and comorbid AD. Given the high rates of comorbid AD in trauma survivors with PTSD, and the enormous impact that these comorbid disorders have on psychosocial function and well-being, finding effective treatments for this population is of high clinical importance.

METHODS:

Ninety-six veterans with PTSD and comorbid AD were randomized to receive prazosin (16 mg) or placebo in an outpatient, randomized, double-blind, clinical trial for 13 weeks. Main outcomes included symptoms of PTSD, sleep disturbances, and alcohol use.

RESULTS:

Symptoms of PTSD improved over time, but contrary to the hypothesis, there was no medication effect on PTSD symptoms, or on sleep. Alcohol consumption also decreased over time, but there were no significant differences in outcomes between medication groups.

CONCLUSIONS:

Prazosin was not effective in treating PTSD symptoms, improving sleep, or reducing alcohol consumption overall in this dually diagnosed group. This does not support the use of prazosin in an actively drinking population and suggests that the presence of a comorbid condition affects the efficacy of this medication. This study highlights the importance of conducting clinical trials in "real-world" patients, as results may vary based on comorbid conditions.

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<http://ajot.aota.org/article.aspx?articleid=2476238>

Protective and Vulnerability Factors Contributing to Resilience in Post-9/11 Veterans With Service-Related Injuries in Postsecondary Education.

Aaron M. Eakman; Catherine Schelly; Kimberly L. Henry

American Journal of Occupational Therapy

December 2015, Vol. 70

doi:10.5014/ajot.2016.016519

OBJECTIVE.

To examine differences in psychosocial protective factors (social support, meaningful occupation, and academic self-efficacy) and health-related vulnerability factors (posttraumatic

stress, depression, and somatic symptoms) contributing to resilience in post-9/11 veterans with service-related injuries and nonveterans in postsecondary education.

METHOD.

A cross-sectional, matched-participants design using propensity score matching was used to test differences in mean levels of protective and vulnerability factors between injured veterans (n = 26) and nonveterans (n = 19); zero-order correlations explored relationships among study variables.

RESULTS.

The veteran sample demonstrated lower levels of psychosocial protective factors and higher levels of health-related vulnerability factors compared with nonveterans (|0.49| to |1.56|). Psychosocial protective factors were consistently negatively associated with health-related vulnerability factors (-.27 to -.63).

CONCLUSION.

Post-9/11 veterans with service-related injuries are at a substantial disadvantage in terms of resilience; lower protective factors and elevated vulnerability factors may increase their risk for poor campus integration and impede academic achievement.

<http://www.sciencedirect.com/science/article/pii/S0749379715007035>

Military Sexual Trauma and Suicide Mortality.

Rachel Kimerling, Kerry Makin-Byrd, Samantha Louzon, Rosalinda V. Ignacio, John F. McCarthy

American Journal of Preventive Medicine
Available online 14 December 2015
doi:10.1016/j.amepre.2015.10.019

Introduction

The Veterans Health Administration health system uses a clinical reminder in the medical record to screen for military sexual trauma. For more than 6 million Veterans, this study assessed associations between military sexual trauma screen results and subsequent suicide mortality.

Methods

For Veterans who received Veterans Health Administration services in fiscal years 2007–2011 and were screened for military sexual trauma (5,991,080 men; 360,774 women), proportional hazards regressions evaluated associations between military sexually trauma and suicide risk. Models were adjusted for age, rural residence, medical morbidity, and psychiatric conditions,

obtained from medical records at the year military sexual trauma screening occurred. Analyses were conducted in 2014.

Results

Military sexual trauma was reported by 1.1% of men and 21.2% of women. A total of 9,017 Veterans completed suicide during the follow-up period. Hazard ratios for military sexual trauma were 1.69 (95% CI=1.45, 1.97) among men and 2.27 (95% CI=1.76, 2.94) among women. Suicide risk associated with military sexual trauma remained significantly elevated in adjusted models.

Conclusions

Study results are among the first population-based investigations to document sexual trauma as a risk factor for suicide mortality. Military sexual trauma represents a clinical indicator for suicide prevention in the Veterans Health Administration. Results suggest the importance of continued assessments regarding military sexual trauma and suicide risks and of collaboration between military sexual trauma–related programs and suicide prevention efforts. Moreover, military sexual trauma should be considered in suicide prevention strategies even among individuals without documented psychiatric morbidity.

<http://elischolar.library.yale.edu/ymtdl/1962/>

Gender And Depression Among Veterans Of Operation Enduring Freedom, Iraqi Freedom, And New Dawn

Esiobu, Nkemka

Yale Medicine Thesis Digital Library, 2015

The Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans utilizing Veterans Affairs (VA) services are medically and psychosocially complex, diverse, and rapidly growing. A significant portion of women Veterans seek out mental health services and they are more likely to be diagnosed with major depression than men, however the majority of prior studies informing Veteran mental health services have been done with predominantly male study populations (16,18,19). Our objectives were 1) to identify characteristics associated with a major depression diagnosis among OEF/OIF/OND men and women Veterans after stratifying by gender and 2) to identify gender differences in the nature of depressive symptoms among these Veterans. We identified 493,747 OEF/OIF/OND personnel—via the VA OEF/OIF/OND roster—who were discharged from the U.S. military from 2001-2010, utilized VA health care services, and met study criteria. Descriptive statistics and multivariable logistic regression models were used to determine how selected demographic characteristics and medical conditions were associated with a major depression diagnosis among women and men. Also, a PHQ-9 in the baseline Women Veterans Cohort Study (WVCS)

survey of 644 male and women OEF/OIF/OND Veterans in the Midwest and Northeast U.S. was used to assess depressive symptoms. Among the 493,747 Veterans studied, 5.6% had a major depression diagnosis (8.7% of women vs. 5.1% of men). Hispanic ethnicity (OR=1.26 (1.14, 1.40) was associated with a depression diagnosis in women while older age (OR=1.06 (1.04, 1.09)) and “Other” race/ethnicity (OR=1.14 (1.05, 1.25) was associated with a depression diagnosis in men. Black race was no longer a protective factor for women when the cohort was stratified by gender (OR=0.94 (0.90, 0.97)!OR=1.03 (0.95, 1.11)). Unmarried status was protective against a depression diagnosis in both men (OR=0.94 (0.90, 0.97) and women (OR=0.92 (0.86, 0.94)). All comorbid conditions—psychiatric illnesses, alcohol abuse, substance abuse, hypertension, and unspecified joint or back disorders—were associated with a depression diagnosis in both men and women and having another psychiatric illness was the strongest correlate in both groups. Military service-connected disability was associated with depression in both men and women, but there was a stronger correlation between service-connected disability rating and a depression diagnosis in women. Depressive symptoms were prevalent among this cohort, the most frequent of which was fatigue. Women were more likely to endorse appetite changes while men were more likely to endorse suicidal ideation. It can be concluded that there are differences between women and men OEF/OIF/OND Veterans with major depression. Further research disentangling the intersection of gender and depression in this medically and psychosocially complex population of Veterans is needed. As the women Veteran population utilizing VA care continues to grow, increasing our understanding of major depression and its risk factors, symptomology, and its comorbidities is crucial to improving overall health outcomes.

<http://neuro.psychiatryonline.org/doi/abs/10.1176/appi.neuropsych.15070183>

Factors Impacting Functional Status in Veterans of Recent Conflicts With PTSD.

F. Andrew Kozel, M.D., M.S.C.R. Nyaz Didehbani, Ph.D. Bambi DeLaRosa, M.S. Christina Bass, M.S., L.P.C. Caitlin D. Schraufnagel, Ph.D. Cassie Rae Morgan, M.S. Penelope Jones, M.S. Jeffrey S. Spence, Ph.D. John Hart, M.D.

The Journal of Neuropsychiatry and Clinical Neurosciences

Accepted: September 22, 2015

<http://dx.doi.org/10.1176/appi.neuropsych.15070183>

Veterans with posttraumatic stress disorder (PTSD) underwent a systematic evaluation to determine which factors were associated with the degree of functional status. Demographic information, self-report scales, and symptom ratings performed by trained evaluators were investigated in multiple regression models to determine their contribution to functional status. Ninety-six participants were included in the model assessing degree of functional status. Depressive symptoms, a depressive disorder diagnosis, and to a lesser extent, the Clinician-

Administered PTSD Scale were selected in the final model that best predicted the degree of functional status. Depressive symptoms significantly affect the function of veterans with PTSD.

http://journals.lww.com/tnpi/Abstract/2016/01000/Cannabis_for_posttraumatic_stress_disorder_A.6.aspx

Cannabis for posttraumatic stress disorder: A neurobiological approach to treatment.

Krumm, Bryan A. MSN, RN, CNP, BC

Nurse Practitioner

16 January 2016 - Volume 41 - Issue 1 - p 50–54

doi: 10.1097/01.NPR.0000434091.34348.3c

The endocannabinoid system is intricately involved in regulation of the neurobiological processes, which underlie the symptomatology of posttraumatic stress disorder (PTSD). This article discusses the neurobiological underpinnings of PTSD and the use of cannabis for treating PTSD in the New Mexico Medical Cannabis Program.

<http://link.springer.com/article/10.1007/s10488-015-0708-z>

Use of Veterans Health Administration Mental Health and Substance Use Disorder Treatment After Exiting Prison: The Health Care for Reentry Veterans Program.

Andrea K. Finlay, Matthew Stimmel, Jessica Blue-Howells, Joel Rosenthal, Jim McGuire, Ingrid Binswanger, David Smelson, Alex H. S. Harris, Susan M. Frayne, Tom Bowe, Christine Timko

Administration and Policy in Mental Health and Mental Health Services Research

First online: 21 December 2015

The Veterans Health Administration (VA) Health Care for Reentry Veterans (HCRV) program links veterans exiting prison with treatment. Among veterans served by HCRV, national VA clinical data were used to describe contact with VA health care, and mental health and substance use disorder diagnoses and treatment use. Of veterans seen for an HCRV outreach visit, 56 % had contact with VA health care. Prevalence of mental health disorders was 57 %; of whom 77 % entered mental health treatment within a month of diagnosis. Prevalence of substance use disorders was 49 %; of whom 37 % entered substance use disorder treatment within a month of diagnosis. For veterans exiting prison, increasing access to VA health care, especially for rural veterans, and for substance use disorder treatment, are important quality improvement targets.

<http://www.tandfonline.com/doi/abs/10.1080/08897077.2015.1129528>

Patient Perspectives on an Opioid Overdose Education and Naloxone Distribution Program in the US Department of Veterans Affairs.

Elizabeth M. Oliva , Andrea Nevedal , Eleanor T. Lewis , Matthew D. McCaa , Michael F. Cochran , P. Eric Konicki , Corey S. Davis , Christine Wilder

Substance Abuse

Accepted author version posted online: 16 Dec 2015

DOI:10.1080/08897077.2015.1129528

Background:

In an effort to prevent opioid overdose mortality among Veterans, Department of Veterans Affairs (VA) facilities began implementing Opioid Overdose Education and Naloxone Distribution (OEND) in 2013 and a national program began in 2014. VA is the first national health care system to implement OEND. The goal of this study is to examine patient perceptions of OEND training and naloxone kits.

Methods:

Four focus groups were conducted between December 2014 and February 2015 with 21 patients trained in OEND. Participants were recruited from a VA residential facility in California with a substance use disorder treatment program (mandatory OEND training) and a homeless program (optional OEND training). Data were analyzed using matrices and open and closed coding approaches to identify what participants liked and did not like, group discussion disagreements, and suggestions for improvement.

Results:

Veterans thought OEND training was interesting, novel, and empowering, and that naloxone kits will save lives. Some veterans expressed concern about using syringes in the kits. A few patients who never used opioids were not interested in receiving kits. Veterans had differing opinions about legal and liability issues, whether naloxone kits might contribute to relapse, and whether and how to involve family in training. Some veterans expressed uncertainty about the effects of naloxone. Suggested improvements included active learning approaches, enhanced training materials, and increased advertisement.

Conclusions:

OEND training was generally well-received among study participants, including those with no indication for a naloxone kit. Patients described a need for OEND and believed it could save lives. Patient feedback on OEND training benefits, concerns, opinions, and suggestions provides important insights to inform future OEND training programs both within VA and in other

health care settings. Training is critical to maximizing the potential for OEND to save lives and this study includes specific suggestions for improving the effectiveness and acceptability of training.

[http://www.ctcpjournal.com/article/S1744-3881\(15\)30028-1/abstract](http://www.ctcpjournal.com/article/S1744-3881(15)30028-1/abstract)

Multi-site Evaluation of a Complementary, Spiritually-Based Intervention for Veterans: The Mantram Repetition Program.

Melissa M. Buttner, Ph.D., Jill E. Bormann, Ph.D., RN, PMHCNS-BC, FAAN, Kimberly Weingart, Ph.D., Taylor Andrews, B.A., Marjorie Ferguson, FNP-BC, PMHCNS-BC, Niloofar Afari, Ph.D.

Published Online: December 19, 2015

DOI: <http://dx.doi.org/10.1016/j.ctcp.2015.12.008>

Background

Mental and physical symptoms affect Veterans' quality of life. Despite available conventional treatments, an increasing number of Veterans are seeking complementary approaches to symptom management. Research on the Mantram Repetition Program (MRP), a spiritually-based intervention, has shown significant improvements in psychological distress and spiritual well-being in randomized trials. However, these findings have not been replicated in real-world settings.

Methods

In this naturalistic study, we analyzed outcomes from 273 Veterans who participated in MRP at six sites and explored outcomes based on facilitator training methods. Measures included satisfaction and symptoms of anxiety, depression, and somatization using the Brief Symptom Inventory-18; Functional Assessment of Chronic Illness Therapy-Spiritual Well-being questionnaire; and the Mindfulness Attention Awareness Scale.

Results

There were significant improvements in all outcomes (p 's < .001) regardless of how facilitators were trained. Patient satisfaction was high.

Conclusion

The MRP was disseminated successfully yielding improvements in psychological distress, spiritual well-being, and mindfulness.

<http://www.palgrave-journals.com/hs/journal/vaop/ncurrent/full/hs201518a.html>

Workforce design in primary care-mental health integration: a case study at one veterans affairs medical center.

Konrad, Renata; Tang, Christine; Shiner, Brian; Watts, Bradley V

Health Systems

Advance online publication 18 December 2015

doi: 10.1057/hs.2015.18

Many Veterans screen positive for mental health disorders in primary care, yet it appears that only a fraction of those who could benefit receive treatment. One potential way to ensure that a larger proportion of these Veterans receive appropriate care would be to increase access to mental health services through primary care-mental health integration (PC-MHI) clinics. Yet a systematic method to evaluate the impact of projected increases in patient volumes on PC-MHI clinics is lacking. As a first step, we develop and validate a discrete-event simulation model to understand how the clinic could respond to a projected increase in PC-MHI utilization at one Veterans Affairs Medical Center. Numerical results illustrate the impact of increased patient volume and the availability of providers on patient wait times and patients seen by mental health providers outside of clinic hours. We also note that although discrete-event simulation has a long history in health care, it is rarely used in the assessment of the resource allocation decisions in mental health.

<http://link.springer.com/article/10.1007/s41105-015-0003-0>

An unusual circadian rhythm in an active duty service member.

Vincent Mysliwicz, Panagiotis Matsangas, Tristin Baxter, Nita Lewis Shattuck

Sleep and Biological Rhythms

First online: 24 December 2015

DOI 10.1007/s41105-015-0003-0

The case of a 29-year-old active duty US Navy sailor with severe sleepiness is presented. He was diagnosed with mild obstructive sleep apnea which did not fully explain his sleepiness. At follow-up, positive airway pressure usage demonstrated a progressive, variable phase delay. His sleep periods aligned with his 5-h on/10-h off (5/10) military duty schedule. Treatment with bright light exposure and melatonin resolved his circadian arrhythmia. While it is known that military personnel are habitual shift workers who receive insufficient sleep, there is little documentation of shift work disorders in this population.

<http://www.sciencedirect.com/science/article/pii/S0887618515300384>

A systematic review of sleep disturbance in anxiety and related disorders.

Rebecca C. Cox, Bunmi O. Olatunji

Journal of Anxiety Disorders

Available online 21 December 2015

doi:10.1016/j.janxdis.2015.12.001

Recent research suggests that sleep disturbance may be a transdiagnostic process, and there is increasing interest in examining how sleep disturbance may contribute to anxiety and related disorders. The current review summarizes and synthesizes the extant research assessing sleep in anxiety and related disorders. The findings suggest that sleep disturbance exacerbates symptom severity in the majority of anxiety and related disorders. However, the nature of sleep disturbance often varies as a function of objective versus subjective assessment. Although sleep disturbance is a correlate of most anxiety and related disorders, a causal role for sleep disturbance is less clear. A model of potential mechanisms by which sleep disturbance may confer risk for the development of anxiety and related disorders is discussed. Future research integrating findings from basic sleep research with current knowledge of anxiety and related disorders may facilitate the development of novel treatments for comorbid sleep disturbance and clinical anxiety.

<http://www.tandfonline.com/doi/abs/10.1080/21635781.2015.1133350>

Assessment and Evidence-Based Treatments for Patients with Alcohol Use Disorders Treated in Army Behavioral Health Care Settings.

Farifteh F. Duffy , Joshua E. Wilk , Charles W. Hoge

Military Behavioral Health

Accepted author version posted online: 21 Dec 2015

DOI:10.1080/21635781.2015.1133350

This study examines patterns and quality of care for Alcohol Use Disorders (AUDs) provided by U.S. Army behavioral health clinicians (BHC). Methods: Army BHCs (N = 399) completed a clinically-detailed Web-based questionnaire on one systematically-selected service member patient. Results: Of 399 service member patients, 18% (n = 68) were diagnosed with AUD. Nearly two-thirds received evidence-based (EB) psychopharmacotherapy and/or any psychotherapy. Only 40%, however received AUD-targeted psychotherapy (e.g., motivational

interviewing/ enhancement, 12-Step Facilitation) and/or psychopharmacotherapy. Conclusion: Army BHCs commonly provide EB care for AUD. However, AUD-targeted psychotherapies are less common. Selected opportunities for improvement in provision of EB care for AUD have been identified.

<http://www.sciencedirect.com/science/article/pii/S1077722915000929>

Case Report on the Effects of Cognitive Processing Therapy on Psychological, Neuropsychological, and Speech Symptoms in Comorbid PTSD and TBI.

Briana Boyd, Carie Rodgers, Robin Aupperle, Amy Jak

Cognitive and Behavioral Practice
Available online 21 December 2015
doi:10.1016/j.cbpra.2015.10.001

Both posttraumatic stress disorder (PTSD) and history of traumatic brain injury (TBI) are prevalent conditions in military veterans, frequently co-occur in this population, and have substantial symptom overlap. Cognitive processing therapy (CPT) is an empirically supported treatment for PTSD but questions have arisen about its efficacy for individuals with a history of TBI, particularly those experiencing cognitive or other neurologic symptoms. Research examining the generalizability of CPT to veterans with both PTSD and a history of TBI has been limited. We describe the use of CPT with a veteran who presented with PTSD, a history of mild TBI, subjective cognitive complaints, objective cognitive deficits, and speech disturbance (stuttering). This case study demonstrates that CPT can effectively and significantly reduce core PTSD symptoms as well as cognitive symptoms and speech disturbances in this comorbid presentation.

<http://link.springer.com/article/10.1007/s11121-015-0624-1>

Onset of Alcohol Use Disorders and Comorbid Psychiatric Disorders in a Military Cohort: Are there Critical Periods for Prevention of Alcohol Use Disorders?

David S. Fink, M. Shayne Gallaway, Marijo B. Tamburrino, Israel Liberzon, Philip Chan, Gregory H. Cohen, Laura Sampson, Edwin Shirley, Toyomi Goto, Nicole D'Arcangelo, Thomas Fine, Philip L. Reed, Joseph R. Calabrese, Sandro Galea

Prevention Science
First online: 19 December 2015
DOI 10.1007/s11121-015-0624-1

Alcohol use disorders (AUD) are commonly comorbid with anxiety and mood disorders; however, a strategy for AUD prevention remains unclear in the presence of three competing etiological models that each recommends different high-risk groups. Therefore, the investigation of the three hypotheses in a characteristically unique cohort is critical to identifying pervasive characteristics of AUD that can inform a universal prevention strategy. The current study evaluated the temporality and onset of comorbid AUD and psychiatric disorders in a representative sample of 528 Ohio Army National Guard soldiers using structured clinical interviews from 2009 to 2012. We examined temporality both statistically and graphically to identify patterns that could inform prevention. General estimating equations with dichotomous predictor variables were used to estimate odds ratios between comorbid psychiatric disorders and AUDs. An annualized rate of 13.5 % persons per year was diagnosed with any AUD between 2010 and 2012. About an equal proportion of participants with comorbid psychiatric disorders and AUD initiated the psychiatric disorder prior to the AUD and half initiated the psychiatric disorder after the AUD. Regardless of onset, however, the majority (80 %) AUD initiated during a short interval between the ages of 16 and 23. Focused primary prevention during this narrow age range (16–23 years) may have the greatest potential to reduce population mental health burden of AUD, irrespective of the sequencing of comorbid psychiatric disorder.

Links of Interest

The Six Most Interesting Psychology Papers of 2015

<http://www.newyorker.com/science/maria-konnikova/the-six-most-interesting-psychology-papers-of-2015>

Self-Help: There's An App For That

<http://techcrunch.com/2015/12/18/self-help-there-is-an-app-for-that/>

Medical experts look beyond drugs for sleep solutions

http://www.army.mil/article/160260/Medical_experts_look_beyond_drugs_for_sleep_solutions/

One Place Where Women's Pay Remains Stubbornly Equal to Men's: U.S. Military

<http://www.allgov.com/news/where-is-the-money-going/one-place-where-womens-pay-remains-stubbornly-equal-to-mens-us-military-151220?news=858026>

Americans are drinking themselves to death at record rates

<https://www.washingtonpost.com/news/wonk/wp/2015/12/22/americans-are-drinking-themselves-to-death-at-record-rates/>

Trazodone: Common sleep drug is little-known antidepressant

<http://www.consumerreports.org/cro/2012/04/trazodone-common-sleep-drug-is-little-known-antidepressant/index.htm>

Reporters claim PTSD from watching violent news

<http://www.washingtonexaminer.com/reporters-claim-ptsd-from-watching-violent-news/article/2579219>

Suicide Claims Another Marine as Holes in Safety Net Persist

<http://www.nytimes.com/2015/12/30/us/suicide-claims-another-marine-as-holes-in-safety-net-persist.html>

NHRC sleep lab hosts insomnia workshop

<http://www.health.mil/News/Articles/2015/12/29/NHRC-sleep-lab-hosts-insomnia-workshop>

Virtual Reality Therapy: Treating The Global Mental Health Crisis

<http://techcrunch.com/2016/01/06/virtual-reality-therapy-treating-the-global-mental-health-crisis/>

Disabled Veterans Use Baking to Work through PTSD Symptoms

http://dcoe.mil/blog/16-01-06/Disabled_Veterans_Use_Baking_to_Work_through_PTSD_Symptoms.aspx

Resource of the Week: [Operation Money: A Financial Guide for Military Service Members and Families](#)

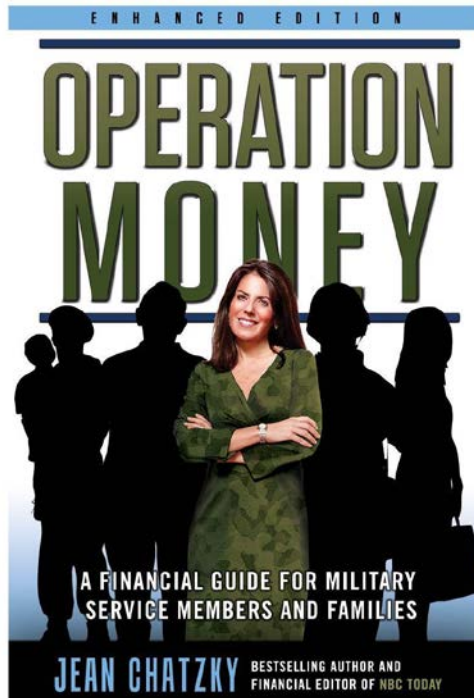
This is a free ebook, downloadable in a variety of formats.

Jean Chatzky, financial editor for NBC's Today show, is here to help with Operation Money, a mission-based guide that provides detailed resources to prevent money problems before they happen; gives you the tools to manage through a tough situation if you're already facing one; and empowers you to figure out how best to plan for your future—either in or out of the military—and then assists you in doing so.

The chapters throughout focus on saving, debt, credit, buying and financing a home, buying and financing a car, paying for college, protecting the ones you love with insurance and an estate plan, dealing with a relocation, managing money through a deployment, handling a furlough, retirement, divorce, and the financial aspects of caregiving.

With contributions from Blue Star Families, MSCNN, and other military related organizations, Operation Money is a must-read for those who serve that are looking to take charge of their financial present and future.

The enhanced edition includes video tips and advice from Jean Chatzky, as well as a bonus section featuring interviews with military spouses and veterans who share their personal financial stories with Jean.



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